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ABSTRACT

To focus national attention on early childhood issues, the National Governors' Association's Committee on Human Resources and Center for Policy Research and Analysis sponsored a conference, "Focus on the First Sixty Months." Through keynote addresses and panel presentations, information was shared on the needs of young children and state programs and approaches which are successful in meeting those needs. Excerpts from the keynote addresses provide a broad statement of why the National Governors' Association is very interested in public policy affecting young children. Panel presentations focused on the prevention of children's health problems; prevention of family problems with young children by providing family support services; prevention of children's education problems; and on taking action and program implementation. (RH)

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*Focus
on the First
Sixty Months*

**Committee on Human Resources
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National Governors' Association



Summary of Proceedings National Early Childhood Conference

Washington, D.C.
February 6-7, 1986

Sponsored By:

**Committee on Human Resources
and Center for Policy Research
and Analysis**



National Governors' Association

444 North Capitol Street, N.W., Washington, D.C. 20001
(202) 624-5300

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INTRODUCTION

On February 6-7, 1986, in Washington, D.C., the National Governors' Association's Committee on Human Resources and Center for Policy Research and Analysis sponsored a conference, "Focus on the First Sixty Months," to focus national attention on early childhood issues. Through keynote addresses and panel presentations, information was shared on the needs of young children and successful state programs and approaches that governors could consider to address these issues in a comprehensive manner.

The conference was the first part of the Early Childhood Project of NGA's Committee on Human Resources which is chaired by Governor Michael N. Castle of Delaware. The project is designed to demonstrate the value of prevention and early intervention services during the first 60 months of life when many difficult social and human problems take root, such as illiteracy, handicaps, welfare dependency, delinquency and unemployment. The committee intends this project to outline for governors cost effective and comprehensive approaches for addressing these problems through public and private human services.

KEYNOTE ADDRESSES

The following excerpts from the governors who spoke at the conference provide a broad statement of why the National Governors' Association is extremely interested in public policy affecting young children. Governor Michael N. Castle, Chairman of the NGA Human Resources Committee and host of the conference explained the purpose and importance of the conference and the project, "Focus on the First Sixty Months." Governor Martha Layne Collins, Vice Chair of the Committee on Human Resources, as well as Governors Thomas H. Kean and Bruce Babbitt, explained their concerns with early childhood policy.

Another keynote speaker, Ms. Marian Wright Edelman, presented her views on the needs of young children and public policy options. Ms. Edelman is President of the Children's Defense Fund. Finally, "Good Morning America" co-host, Ms. Joan Lunden, shared her experiences as a working mother and as an advocate for parenting programs and network programming in her keynote remarks.

* * * * *

Governor Michael N. Castle of Delaware
Chairman, NGA Committee on Human Resources

"This conference is the first part of NGA's Early Childhood Project, which I proposed when I became Chairman of the Human Resources Committee last year."

"The project grew out of my belief that we are not doing enough to solve the problems associated with early childhood (and) that we are still treating symptoms when we could (just) as easily be attacking their causes."

"It also grew out of a concern that young children, who do not have a voice and do not have a vote, will be ignored in the competition for fewer and fewer federal dollars."

"If there are to be solutions to early childhood problems, and if the interests of our youngest citizens are to be protected, then much of the

impetus must come from the states, where the final decisions about spending cuts will be made."

". . . We need to recognize that children pass through the most formative and important years of their life between the time they are born and the time they enroll in kindergarten. It is a time when the foundations of personality, physique and character are developed."

"A five year old child already has formed attitudes that he or she will carry into adulthood, as well as a sense of what is right and what is wrong. Proper values and motivation are already part of that five-year-old's character -- or they very well may be missing 15 years later. . . ."

"I care about the needs of young children, just as I believe that this nation is still a land of opportunity, and that my greatest responsibility as governor is to assure that opportunities exist for all my citizens. Children represent the future of my state and America, and none should face hunger, abuse, neglect, or adult dependency."

"And if that isn't reason enough to invest our time, energy and money in this effort, consider two points:

First, investing in young children makes economic sense. . . . Investing in young children is like compound interest -- the benefits, in the form of reduced costs to society, accrue year after year after year. And the money we don't spend on future unemployment benefits, handicapped placements or welfare payments can be put to use developing our economic base, or simply left in the hands of our taxpayers.

Second, today we administer too many social programs that simply treat the effects of neglect, abuse and poverty. But it's like substituting methadone for heroin -- the dependency is undiminished. Treating the symptoms when the neglected child is a teenager, or the abused child is an adult, seldom restores lost hope or dignity. By focusing on prevention in early childhood, by involving parents and others who have close contact with young children, we have the opportunity to treat the causes (and) to make good on the promise of childhood."

"This conference has demonstrated the diversity and depth of the states' commitment to helping children and preventing future problems by focusing on the first 60 months of life. We have seen that many groups have developed creative approaches that address early childhood needs."

"What I hope will come out of the Early Childhood Project is a (cataloging) of these initiatives, so that we can present to the governors of the states a collective package of ideas that are cost effective, that represent a coordinated approach to childhood issues, and that work. . . ."

"As we conclude, I would like to suggest five actions that I believe are the most important for developing an early childhood initiative:

First, governors and their local communities must agree that prevention should be the focus for action. This is not to say a great many needs do not exist among young children that require treatment, such as handicapping disorders. These services should and must continue to be provided. However, we must keep our sights fixed on prevention if we are to realize the long-term pay offs I have been discussing.

Second, all elements of the community need to participate in helping address the problem. No one should be overlooked -- especially parents, who are obviously the key to shepherding children at this age.

Third, develop a solid fact base. You'd be surprised (at) how many of the services and resources talked about at this conference might already exist in your state. Most states, however, probably don't have the data needed to understand what services are needed the most, what works best and where services should be targeted for the greatest pay off. Developing a fact base that can provide this information and cataloging the resources presently available in the public and private sector is critical to designing a coordinated, comprehensive strategy.

Fourth, consider services that are presently available to older children and families that might need to be refocused to better address the needs of young children. Once a child enters school, a wide range of services become

available in most cases. For example, there is usually a nurse at school, counselors, developmental specialists and, of course, the teacher. But these services may not be available to the younger child, who actually might need them more. By refocusing services, we can address needs for less money.

Fifth, we must generate broad public awareness of the issue, targeting parents and others having close contact with young children as our audience."

* * * * *

Governor Martha Layne Collins of Kentucky
Vice Chair, NGA Committee on Human Resources

". . . You know as Governor of Kentucky, as a former teacher (and) as a parent, I have a keen interest in child development and in the importance of positive experiences during the early months and years. The value of early childhood development activities rests on the theory that it's easier to build than to repair. It's easier to build successful children than to repair men and women. It's easier to build a foundation for learning and growth, than to repair what results when we fail to build that kind of base. In countless studies and in our own personal experiences, you and I have seen children who start behind and often stay behind. That is true in every aspect of human development, in education, in physical and mental health, in self esteem and in self respect. But if we reach children early, before problems become too deeply embedded, then we can break into that cycle and turn it around. Breaking the cycle of poverty, undereducation and poor health can obviously make all the difference to the individual child."

"But as a governor, I have to look beyond that. I have to look at the total picture as well as the needs of each citizen. Looking at that total picture, I see many benefits for the state and for society as a whole. Early childhood programs cost money and sometimes a lot of it. But crime costs more, overcrowded prisons cost more, welfare costs more (and) undereducation costs more. Every dollar that we spend today for early childhood education

reduces tomorrow's expenditures for remediation, dropout prevention, and adult education. Every dollar we spend today on prenatal care reduces tomorrow's expenditures for health care and Medicaid. Every dollar we spend today on instilling a sense of self worth reduces tomorrow's expenditures for protective services, welfare and prisons.

". . . The southern governors have been concerned for some time about the comparatively high infant mortality rate in our region. We formed a task force to study and to try to find potential solutions and its final report was released just a few weeks ago. Kentucky and some of the other southern states have already begun to move on some of the group's recommendations and the task force itself is being restructured and reorganized into a permanent advisory council."

"In Kentucky, (at) both the state and local levels, we're renewing our efforts to improve the quality of our children's early years and to give them a better chance for success. Our programs range in scope from social services to education to health services. And one of my primary goals as governor is to provide an umbrella for all of Kentucky's early childhood activities and I will do that later this year by establishing the Governor's Office of Child Development. . . . Our programs for children are now scattered throughout state government agencies and community organizations and my Office of Child Development will consolidate and coordinate those programs. It will be responsible for developing a comprehensive statewide policy for childhood education and development services. It will provide a more unified approach to our efforts on behalf of young children."

". . . We're realizing more and more that the care of a child, the care that can determine that child's later success or failure begins even before birth. Kentucky already offers a variety of prenatal services to low-income mothers, but it isn't enough. And so now I am asking our General Assembly in this session of the legislature to provide an 83 percent increase in state funding for prenatal care. We want to continue our present screening, counseling, dietetic and medical services, as well as expand our programs. We want to increase our ability to identify women at risk: women who have suffered miscarriages in previous pregnancies and women who suffer from

illnesses that could endanger their unborn children. By providing adequate prenatal care, we hope to reduce the number of low weight and premature births as well as lower our infant mortality rate."

". . . As governor . . . I've concentrated much of my efforts and attention on improving Kentucky's schools. Programs designed to help the very young child have been included in all of our efforts, including last summer's special legislative session focusing on education. Kentucky now requires all children to attend kindergarten. We want to do everything possible to assure that every child, regardless of background or family situation, begins first grade on an equal footing. . . . Kentucky does not currently have a statewide preschool program, although that concept has been endorsed by several groups including the state board of education. But that doesn't mean that there are no successful preschool programs in the state. Programs for three and four year olds are becoming more and more prevalent, even in some of our smallest communities. Preschool programs have also been the focus of some of the most successful public/private partnerships. When foundation groups raise private funds for the support of education, preschools often appear at the top of the priorities list."

"In addition to education, my administration has stressed economic development. As Kentucky works to diversify its economy and attract new businesses, we are constantly reminded of this crucial task between education and economic development. The only way to ensure Kentucky's future economic success is to adequately prepare our (young) people for the jobs of tomorrow. That preparation begins not when they graduate from high school or college but from the earliest moments of their lives."

"Kentuckians are committed . . . to providing the best possible early childhood experiences for our children. We're determined to meet the medical, nutritional, emotional and educational needs of young children before those needs turn to crises."

* * * * *

Governor Thomas H. Kean of New Jersey

". . . Today we know that childhood, especially those earliest years -- years one through five -- are so crucial to the rest of a child's life."

"We know that good early health is crucial. We know during these years that emotional development is fragile and at its most delicate stage. We know that this is an extremely important time for the beginnings of intellectual development. We know that if something goes wrong between birth and that fifth birthday that it will probably have very, very serious consequences for the rest of a child's life. . . ."

"We know that we have to take special care to nurture and protect children at this stage. We have to be like a good farmer who lavishes extra care on his sprouts to make sure they grow strong. We have to lavish extra care on our sprouts to make sure we can harvest a new generation of young men and women."

"The problems I see in my state, New Jersey, are representative of the problems many of you see. Our solutions, I believe, are innovative and unique attempts to solve these problems. . . ."

"What we are seeing is that too many of our children are living in abject poverty. We are seeing that poverty is becoming generational, and we are seeing that many of the reasons this tragedy remains so are interrelated."

"During the last 25 years, teenage pregnancy has soared. New Jersey's infant mortality rate is much too high. Half the cases of mental retardation are preventable. Last year, the number of teenage parents receiving welfare jumped 60 percent. . . ."

"Three years ago, I appointed a special task force to study all of the problems our children face. I told them to find out what needs to be done, what can be done, what works and (what) doesn't work for our children."

"What they told me is that too many programs are geared toward after the fact. (They told me) that too many of our programs like our juvenile justice or our remedial education programs almost come too late."

"They told me something that I had long suspected. They told me that the best programs we could develop were programs that would try to prevent these problems from occurring. . . ."

"We can prevent later health problems by intervening before birth. We can prevent learning problems by teaching our mothers not to allow their children to eat leaded paint. We can prevent abuse by providing adequate child care and counseling for our single parents."

". . . Last month I proposed a full-fledged program to provide better education for young women about pregnancy, to provide better health care for women who do become pregnant, and (to) provide better health care for their children. We know what has to be done. We know that for (every) \$1 we spend on prevention, we will save more than \$3 in later medical bills. If we can get these mothers into clinics, if we can get them not to drink or smoke, if we can counsel them about the effect of diabetes or hypertension on their babies, if we can teach them about proper nutrition, we are likely to see healthier babies born to healthier mothers."

"This program will complement our existing efforts to test and warn about the dangers of lead poisoning, (to provide) child care, (to provide) preschool help for handicapped children and (to fight) child abuse."

"We have made fighting child abuse one of the highest priorities of our policies for children. We have begun a comprehensive program to educate our public and our children. Last November, I proclaimed the 21st to be "Protect a Kid Day," and introduced a special toll free phone number. At the same

time, we launched the first program of its kind, the child assault prevention program, in our schools to educate school-aged children to recognize, avoid and report abuse. . . ."

"We have created a special fund to help pay for children's programs. This fund, which we call the Children's Trust Fund, asks state taxpayers to check off contributions from their income tax returns. I believe it will be one of our greatest successes."

"We have one other program that I'd like to mention, our Head Start Program. New Jersey has 28 Head Start programs that provide nutritional, educational and health care services to our most impoverished children. These programs have a proven track record of success. We have found that the children who were in Head Start -- and these were the poorest of the poor -- had higher employment levels, lower numbers of teenage pregnancies, fewer drop outs and fewer criminals than the children who did not take part in the program. Head Start, as you know, is federally funded. It appears doomed by expected federal budget cuts. I ask you to join with me and fight to preserve Head Start. We need every weapon, every program we can get to save our kids from crime and drugs. We all know we have to balance the federal books, but we cannot afford to cut programs that we know produce such tangible benefits."

"Every child who stays in school and gets a job is another person we will not see on the welfare rolls. Every child who does not run afoul of the law is one more that we don't have to incarcerate."

* * * * *

Governor Bruce Babbitt of Arizona

". . . In January of 1985, I stood before the legislature in my state of the state address and said to them (that) I'm going to talk only about

children because highways and dams and public safety and economic growth avails us nothing if we don't have a generation of children who have the ability and the support and education to inherit the future. I then laid out about a six-part agenda and at the end I walked out of the legislature to the press gallery and I was met with cat calls from the press, who basically (asked) why (I) didn't talk about something important. And uniform negative editorial reaction occurred and I walked home kind of unhappy after having been excited by all the advocacy groups to do what I did. But you know what happened then, the advocacy groups in my state came out of the woodwork. They showed up from every corner of the state. Groups that I frankly didn't even know existed and we all sat around a great big table for about a week or two and decided what our priorities were and which issues would be floated in what priority and (in) what order and five months later, the legislature adjourned and we had gotten every single demand that we had put forth, every single one."

". . . We . . . went back this year and said (that we were) going to up the ante. I sat with these groups and said let's ask for some audacious things this year: early childhood education for four-year olds, comprehensive latch key programs, tax credits for day care and most audaciously of all, let's see if the people of Arizona would be willing to extend comprehensive Medicaid style coverage to every woman and child in Arizona clear up to the federal poverty level with state funds. And the answer is that they're going to do it. . . . It hasn't been done yet, but that's on the agenda for this session. . . ."

". . . I feel like I'm preaching to the choir and I apologize for that, but go out of here with zeal and passion, grab your governor by the scruff of the neck and make him define an agenda publicly and say to him, if you get up there and define me an agenda, we will guarantee success and (assign) credit where credit is due."

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Ms. Marian Wright Edelman
President, Children's Defense Fund

" . . . I want to commend Governor Castle for his leadership, not only in convening this important conference as his first formal activity as Chairman of the National Governors' Association's Committee on Human Resources, but also for his initiative aimed at improving health care and early education programs in Delaware. . . ."

"The investment that America makes in early childhood growth and development is vital to our nation's welfare, and that investment theme is the one that we have to repeat over and over and over again until it's heard and until it's made the public policy of our nation. . . ."

"In 25 years, today's infants will be called upon to defend our nation, to help provide for the support of all of us in this room, and to raise another generation of Americans. . . ."

" . . . The notion of investing in children is not new. Society traditionally shares with families the responsibility (for) insuring that all children have the opportunity to grow and to thrive, but never has it been so important because of the change in demographics and because of the deficits so many of our children who are being born today face. The first 5 years of life should be great fun and (full of) joy and learning and wonder. But for millions of our children, 13 million to be more precise, those who are poor, the period between birth and age 5 is a series of deprivations, great and small, rather than that time of miracles, joy and healthy development that all of us want for our own children. (And,) obviously what we want for our own children is what we want for other people's children. For these children, sickness, hunger and homelessness are becoming a lifestyle in America. While our governmental support system works well and increasingly so in recent years for children of middle class and upper income families as a result of our tax

system, and other support systems for middle income Americans, it is failing the very children whose families need help the most. We must begin to reverse this. Poverty is the single largest affliction facing American children today. More children die from poverty than from traffic fatalities and suicide combined. Twice (as many) American children die each year from poverty than from cancer and heart disease combined. It must be our number one priority to reverse those facts. Young children are particularly poor; one of four children under age 6 is poor (and) one in three hispanic children is poor. A black baby today has nearly a one in two chance (of) being born poor. Of children in single-parent families, who are becoming increasingly numerous, more than one in two is likely to be poor. While rich families are getting richer, often with more government help, poor families are getting poorer as a result of less help from their government. Not only are more families poor, but poor families are poorer. In 1983, 5.6 million children, or 42.2 percent of all poor children, lived (in families) with incomes (at) one half the poverty level, or \$3,969 for a family of three and \$5,089 for a family of four."

"Why are these 13 million children poor in rich America? There are multiple reasons and they require multiple remedies. Children are poor because of economic downturn and depression level unemployment. While we have an economic recovery, it (has) been one that has left unemployment at 6.5 percent for 69 consecutive months--that's millions and millions of parents. Nor has the recovery done much to mitigate the recent surge in child poverty. Only 210,000 of the more than 3 million children who fell into poverty after 1979 were lifted out of poverty as a result of the recent economic recovery. At this rate of improvement and, assuming we suffer no more recessions, it would take about 30 years, nearly two generations, to get the number of poor children back to the unacceptable levels of 1979. . . ."

"Second, children are poor because their parents work and don't earn enough to escape poverty. A minimum wage worker in 1986 is taking home less than 4/5 of what he or she earned in 1980 because we've had a stagnation and a minimum wage that has not been adjusted for inflation. A minimum wage job in 1986 pays \$6,700, 75 percent of the poverty level for a family of three. For a growing number of Americans, therefore, working does not mean escaping

poverty. More than 2/3 of heads of households worked either full or part time during 1984. This included more than half of all single heads of poor households and I really want to emphasize that because, sure there are single parent families on welfare, but many of them are out there struggling to work and support their families and they still can't get themselves out of poverty. A family with a full and a part-time minimum wage worker would still not earn enough to escape poverty. . . ."

"Third, children are poor because their federal government, their national government is taxing their families into poverty. I'm delighted to see federal tax relief for the poor is on the agenda and I can't think of a higher priority for this coming session in Congress. Poor children are poor because of declining federal support at a time when (there has been) an increasing federal tax burden. Since 1980, \$10 billion has been taken from poor children (with the) result (being what) I think we're beginning to see, eroding health care and growing numbers of child abuse reports and homelessness. . . ."

"Finally, children are poor because of changing family demographics, particularly the growth of female headed households. As you know, female headed households have grown dramatically over the last decades and are expected to increase in numbers between now and 1990."

". . . I think we've all got to begin to put our attention on preventing teen pregnancy. A single parent under 25 is nine times as likely to be poor as a young woman living on her own without children. Three quarters of all single mothers under 25 live in poverty. With more than half of all teen mothers today raising their children alone, and with those married facing higher rates of separation and divorce, the costs of teenage parenthood to the parent, to the child and to society in terms of money spent and productivity lost are too great to ignore. Now it isn't a problem, as many in the press would have us believe, because teens are having increasing numbers of births, particularly black teens. The black teen birth rate is not going up; it has been going up slightly for white teens. The problem is a problem because teen women, black and white, are not getting married in increasing numbers, and so the percentage of unmarried single households is growing and again the growth in unmarried teen parents has grown dramatically. . . ."

". . . The main reason that teen pregnancy is a problem is because it too often precedes the completion of education, the securing of employment (and/or) the creation of a stable relationship and because it makes the completion of each of these transitional steps much more difficult. . . . Teen pregnancy is a problem because we no longer live in an America in which 18 and 19 year old men can earn enough to support a family and because we never had an America in which the average single woman with children could earn a decent wage at any age. . . ."

". . . There are great signs for hope. Over the past three years almost every major black organization has made teenage pregnancy, health care for mothers who are already pregnant (and) who happen to be teens, youth self sufficiency and strengthening black families a major priority. It is now time for every white organization to do the same; teen pregnancy knows no racial or class bounds. The majority of babies born to teens are born to white teens, though obviously the consequences to poor and minority teens are much greater. . . ."

"If we are going to solve this, it's going to have to involve all elements of American society (to) define what approach should be taken on this issue. When you say prevention, people immediately think about abortion. An effort to prevent teen pregnancy is not about abortion, it's about opportunity. It's about hope. It seems to me that the central key, the key to making a major impact on our young people is to provide them with opportunity. Poor children . . . need the same things our middle class kids need. They need something to do with themselves, they need good recreation, they need good skills in schools, they need a sense of a future. We (middle class parents can) send our kids off to college, we can bribe them, we can send them off to camp. . . . Well you look in poor communities and . . . see what is it that there is for young people to do and you often get back nothing. When you ask kids why they went on drugs or why they engage in alcohol, or why they did this (or) that, it's because they didn't have (anything) better to do. And I think that is a terrible indictment of (our) adult community, of our churches, of our community institutions, (and) of our public institutions. We've got to find something to keep them busy."

" . . . Any effort . . . that's serious and designed to prevent teen pregnancy requires investing over a long period of time in comprehensive efforts to bolster the motivation as well as the capacity of teens to prevent too early sexual activity and pregnancy and (such efforts) must give young people hope. We must give them opportunity (and) we must give them information. And, Lord knows, we adults don't know how to sit down and talk to our children about sex. And it has been so interesting over the last few years as we old ladies have been sitting down to talk about how we talk to our kids, that we really realize we've never talked out loud to each other about a lot of these things. Our parents didn't talk to us, so we just don't manage to sit down and talk to them. . . . As a result, our young people are making critical life transition decisions in a vacuum, they are getting their advice from their peers (and) they are getting their advice from the media. You know, they're being bombarded with messages through their rock music and through the movies that sex is best without consequences. . . . We have to tell them what we believe. We have to give them a framework for how they approach their sexuality. Second, we must help teens build their academic skills, because young people who are behind a grade, or who have poor basic skills or poor attendance are at a high risk of becoming parents. Third, we've got to make sure that the poor kids, teens particularly, have a chance to earn decent incomes. (We've got to) help them develop good work attitudes and occupational knowledge in specific job related skills. Fourth, teen self-sufficiency, a vision of a viable future, depends on the self esteem that is built through both academic and non-academic experiences. . . . Fifth, we can't keep skirting around the issue of the need for family life education and (information on) sexuality and parenthood and help our young people integrate that information into their thoughts about the future. . . . Finally, we have got to provide good health care. . . ."

" . . . I just want to express (a) particular concern about the urgent need on infant mortality, on early prenatal care and (on) low birth weight babies. The governors, (especially) the southern governors, have been providing leadership for the rest of the nation on this, but the fact that post-neonatal mortality rates (have) increased and have been increasing the last several years, I think should be cause for great concern. If I had to lay out one thing that we can do that is cost effective as well as a way to

save lives is that we can all go out and begin to beat the drum for insuring early and comprehensive prenatal care to every poor mother and child. I think (that) the states have been taking strong leadership on this in the last few years, and some of them have been expanding their Medicaid, but I really do hope that we will have a very strong chorus in the Congress and in state legislatures on seeing this as an essential service and indeed (a) right for every poor mother and child. . . ."

I think we do have to deal with the growing hunger that stalks many of our young children, and I think (that) states don't have to wait for the federal government to do something about WIC or about nutrition programs. We have been very disturbed at the number of states where less than half of the mothers are getting the advantage of WIC services and we would like to see much more emphasis again on states supplementing the federal WIC program, with state funds, to serve all women and children who are eligible for the program. . . . It costs us about \$650 to grow a healthy baby through comprehensive, early prenatal care. It cost us about \$1,000 a day to save very sick babies. . . ."

". . . The disturbing fact, though, about the post-neonatal mortality rises has been that these rises are occurring among older babies as you know, but these tend to be environmental. The numbers of these babies who are dying are not low birth weight babies (but) are full weight babies; 80 percent of them are full weight babies that are simply not able to go home and get the kind of family and health support in their community that they need to make it to their first year of life. I don't think it's acceptable that a poor infant in Chicago and Detroit has less of a chance of living to (his/her) first birthday than a poor infant in Costa Rica (or) Cuba. That's not what America is about. . . ."

". . . I think we're going to have to work on child care issues, because (this) country has never come to grips with the reality that the majority of American children are growing up in families where (the) parents work. The policy debate is no longer whether mothers should go to work or stay at home. The issue is the fact that mothers are out there working (and) what should happen to the children. Obviously, it's important (to focus on) teen

pregnancy prevention but it seems to me that we (should also) provide supervised before and after school care, weekend care and summer care for young people, particularly pre-adolescents. . . ."

". . . Even the successful Head Start programs serve only 20 percent of the eligibles and it seems to me that all of us, despite the current atmosphere of retrenchment, must be speaking out strongly for much more investment in programs like Head Start. . . ."

". . . The Ohio state legislature passed new daycare licensing bureaus and the theme was, folks, (that) child care for working mothers is a whole lot cheaper than welfare and I really liked hearing that and again the investment theme of trying to build self-sufficient families without neglecting children I think is one that we're going to have to carry everywhere. . . ."

". . . We have come a very long way on children's issues and we often want to give into despair when things get bad. I must say that Gramm-Rudman really did knock me for a loop. . . . Our job it seems to me is not to simply react or to respond. . . . Our job is to continue to speak out strongly for kids. It seems to me that our case is strengthened precisely because (while) we are under a retrenchment period (we are) trying to have preventive investment in young people and in families. And I think that issue is going to begin to get through and we're beginning to see the word prevention used more. I was particularly pleased to see the Child Health Assurance program passed after 8 years as part of the Deficit Reduction Act of 1984. We should not be defensive. We should be out there telling the country that we are doing them a favor, by showing them how they can invest very scarce public dollars in growing very healthy young people who will be self-sufficient--contributing rather than dependent on the rest of us. So I just hope that in this current atmosphere of (budget cutting,) that we will not lose heart, that we will keep working in our own individual ways and in our own individual communities, and in our own individual churches. Keep writing those individual letters, keep joining with others to promote and push for preventive policies for kids and I just know that after a long enough effort and enough work from each of us, the country really is going to come to adopt our position and we will one day in this country begin to have a full floor of decency under every child that

ensures that child has enough to eat, that ensures (that child has) adequate care all the years of his/her life, and that ensures that he/she can take advantage of schooling when he/she gets there in sixth grade because he/she has had the relief foundation that he/she needs. . . ."

* * * * *

Ms. Joan Lunden
Co-Host, "Good Morning America," ABC

"I want to thank Governor Castle for inviting me to participate here today and to share my experiences, as a working mom -- I have two little girls, 2 and 5 -- and as someone who has spent the last five years very much involved in parenting programming."

". . . It was in October of 1979 -- I was working as a general assignment reporter at Eyewitness News in New York City -- when I got the exciting news that I was pregnant with my first child. And that is such an incredible feeling of joy -- the beginning of a new life."

"But it was also at that moment that I joined that segment of our society known as the "working moms," a segment that has grown so rapidly that it can no longer be ignored. It has created a whole new set of questions which must be addressed and a demand for new services that were never needed in the early part of the century, when moms were at home with their children."

"Immediately, you are faced with new and many times difficult-to-answer questions. What I first remember was that I wanted a safe pregnancy. . . . I knew the importance of that first 9 months of a baby's life. Being a reporter on the streets of New York City I had some tough questions to wrestle with: Would I jeopardize my baby's health if I went to cover stories in hospitals or in chemical plants where I might be exposed to disease or harmful fumes? Was it safe to do reports from remote locations using microwave dishes for my live

transmissions? And of course, quite simply, was it alright for me to stay on the job up to the end of my pregnancy?"

"Whatever (the) occupation each working mom has a set of her own questions she must deal with, and unfortunately, they are not always easy questions to answer."

"And then there are the real basic questions that pertain to all pregnant women, whether they work or not: what is proper prenatal nutrition? What drinks are safe? What medications are safe?"

"Well, during my first pregnancy I worked on a March of Dimes' campaign called Healthy Mothers, Healthy Babies. Our goal was to educate expectant mothers with a massive media campaign on prenatal care and nutrition and we especially targeted young teenage mothers-to-be. And I must tell you, I was astonished to find (out) how little most of these new moms really knew."

"And again -- the following year -- I worked with the American Lung Association on a national campaign to try and get pregnant women to stop smoking. And again, I just could hardly believe the lack of knowledge about something that is so vital to a baby's good health."

"Obviously, the dissemination of this kind of information is even more important today, considering the alarming rate of teen pregnancy in this country. (We) know that teenage mothers are less likely to receive adequate prenatal care and training for the job of parenting."

"In fact, on 'Good Morning America' next week, we are devoting a portion of each program for the entire week to the problem of teenage pregnancy. But we are only one TV show. Shouldn't there be some kind of program in each state to deal with these young mothers? It is the states that will have to provide the care for the young children born to these mothers if they suffer from problems that perhaps could have been prevented with education."

"Next comes the birth and this new overwhelming responsibility comes home. I'm probably not that unlike many other new moms in that I had no

little brothers or sisters and I was never a babysitter. So the first diaper I ever changed was (that of) my daughter. (That's) a scary thing when you leave the hospital with a brand new, fragile, little baby wondering if you'll know how to handle the responsibility of parenthood."

"Well, who teaches us to be good parents? It used to be that families were not so spread out and we usually had our parents or some family member to teach us. But times have changed and today's new parents need help."

"That realization is what got my husband who is a television producer and me interested in programming for the needs of the parents. (Such programming includes) 'Mother's Day' on the Lifetime Cable Network, 'Mother's Minutes' on the ABC Network and most recently -- something we hope will take much of the anxiety out of new parenthood -- a 60-minute videotape cassette called 'Your Newborn Baby: Everything You Need To Know.' It's the first in a series of videos on parenting, and it answers essential questions about nutrition, and breastfeeding and general care of a baby."

"But learning to be a good parent is only half the battle. To combine motherhood with a job is a much more complex situation. And it is at this time that you become aware of the acute need in this country for child care services."

"I am one of the fortunate ones. I was able to take my baby to work with me, and later, to have live-in help. First, bringing the child to work -- well let me put it into perspective -- it was not actually as easy as A-B-C. In fact, it was an issue that my attorneys had to negotiate with ABC's attorneys."

". . . I was able to get ABC to agree to provide a dressing room near mine at our studio equipped with a crib and a changing table and a similar set up at my office. In addition to these provisions, and by the way, I supplied my own baby nurse, ABC also agreed to pick up travel expenses for my baby's nurse (if it was necessary that I) travel on location during the first 6 months."

"And what did ABC get? Well, they got a valued employee back on the job quickly, and they had a happy, working mom (who) was not late to work, who did not miss work, and who was not full of anxiety over leaving her baby at home."

"And I must tell you that I have received letters from a number of women telling me that they were inspired to try and do the same thing (and) they were successful. And they and their fellow workers are now able to stay on the job, yet spend breaks or lunchtime breastfeeding their children. . . . They say that their employers happily report that absenteeism went down and productivity went up. I wish (some plan could be formulated and then) made available to large or small companies (so they) might be more inclined to establish on-site day care centers. Perhaps they could even be encouraged to do so with tax credits or some (other) form of incentive. Other countries have done this. And it seems to me from (my) experience, that these companies, and more importantly, our society, would benefit from more productivity, happier employees and healthier, better protected children."

"Now, this is not to say that these allowances on ABC's part made it a simple task to combine motherhood with a high-powered, demanding job. It was, and still is, a constant struggle (that includes) all the guilt feelings that working moms (have)."

". . . Then there is the problem of finding a good child-care provider, to be there when you cannot. And this is probably the most troublesome and frustrating problem."

". . . I'm one of the fortunate ones (and I) have had difficulty (finding such care). And it seems that it doesn't really matter what category you fall into; (the problem exists) whether you're looking for a live-in, (for a) day-worker in or out of your home, or (for a) day care center."

"There seems to be no logic to it all -- no system -- you really are on your own out there. It seems to me that with this demand for day care, there should be some kind of national child care policy -- some kind of referral system, some kind of networking that will assist all these working women in finding the help they need."

" . . . It is my personal opinion that part of the problem is that we give too little respect to the child care profession. (These are) the people who are taking care of the most precious things in our lives. It is not a menial job. It requires intelligence, enthusiasm, sensitivity, patience, organizational skills and quick thinking. I place a great importance on this job and my husband and I have gone to great lengths to find good, qualified and caring people."

"At first, we tried the agencies in and around the New York City area. We found (this route to be) totally frustrating and incredibly expensive. Most of the women offered to us were not legal residents and would not be paid on the books and barely spoke English. (Those characteristics) narrowed it down and the few that were left were not quality in our minds. The salaries and fees were ridiculously high. Then we tried advertising in the New York Times; we never got one call."

" . . . We heard that our ads would be better placed not in New York City, but (rather) in small country towns in the midwest. And better yet, we found a small college where we advertised through their career and placement center. This produced a dozen lovely young women from which (we could) choose (who were) well educated in early childhood education or home economics, or child psychology. Most grew up in large families with lots of little brothers and sisters and lots of responsibility around their homes."

"We have had three terrific grads spend one year each with us. (It has) been wonderful for us, for our children and for them. And they have learned to manage a home, to shop carefully, to be in control (and) to care for young children. And they've learned what it is like to be married and have a family and be working productive people. It's a good introduction to adult life and a good transition from college to the real world."

" . . . Why can't we place more emphasis on this as a career. In other countries they make it a profession for which you are trained. We need better training for the people who are caring for our children."

"Not to recognize the importance of child care providers is denying the importance of our young children. Also, once again, let us develop some form of network, (i.e.,) a system of child care that is interlinked throughout the country, instead of a series of isolated and spotty programs. With something like this many moms could be valuable and productive workers (because they will have obtained) child care that they (can) trust and feel good about."

"This to me is one of our most pressing social issues today. For the past several decades we have raced to have the highest standard of living (that) we could possibly have -- one car is not enough, one TV is not enough."

". . . We cannot pretend to (support) family values if we won't pay attention to the real needs of the family in any meaningful way on a national level. The current crisis has left children vulnerable and all too often unattended. (It has) left mothers frazzled, exhausted and overwhelmed with guilt and anxiety. (It has) put a terrible strain on marriages; the working couple is pulled in so many different directions that the last thing they think about is themselves."

"Anxiety and guilt are lousy feelings. And yet we have an epidemic of these feelings because of this problem. Let's take those feelings and do something positive. Guilt can be a mobilizing force. It makes us think about what we're doing and (what work is) necessary to rectify the situation."

"That is what you're all here for today -- to focus your attention on the problem and come up with a vision for the future (,and not quick fixes,) and a plan of action that will take us there. And let us hope that our federal government and the states will provide the programs and the funding for those programs to help realize that vision for the children of the future."

PANEL PRESENTATIONS OF FEBRUARY 6, 1986

"Prevention of Children's Health Problems"

Mrs. Lamar Alexander, First Lady of Tennessee and Chair of the Tennessee Healthy Children's Initiative, served as moderator of this panel. In her opening remarks, she stated that policies intended to prevent children's health problems are important components of a comprehensive approach because they would: (1) help children succeed in play and in school and as family and community members, (2) save scarce health care dollars to treat medical problems that could have been prevented, and (3) reflect healthy values of our society in that we care about the future of our children.

Mrs. Alexander then listed the major policy issues the other panelists would address. These were: (1) How can programs be designed so that citizens are encouraged to use them? (2) How can programs be more universally accessible to all who need them? (3) How do we target programs? (4) How can programs be designed to meet the needs of mothers and children who are at highest risk? (5) How can states identify and serve individuals who need our help most? (6) How can we involve the private sector? (7) How should private physicians and private health care agencies be involved in state programs? (8) How can volunteers be encouraged to participate? (9) How can states pay for the programs that are needed? (10) Are there creative ways of using federal funds, for example, Medicaid, to provide more support for child health programs? (11) What is the appropriate role for parents in child health programs? (12) How can states design programs so that the parent's role is enhanced rather than supplanted? and (13) How can parents be encouraged to become their child's primary health advocate and coordinator of their care?

Charles Mahan, M.D, Medical Director of the Florida Maternal and Child Health Program, argued that prenatal care programs are the ultimate attempts at prevention of health problems in early childhood, and that the ultimate problem they prevent at birth is low birth weight. This is the biggest cause of problems in the first month to first year of life. Dr. Mahan claimed that with early, good, prenatal care, 2/3 of the cases of low birth weight could

be prevented. Furthermore, Dr. Mahan stated that the incidence of low birth weight babies attributable to teenagers could be brought into line with that of women in their twenties if they received early, good, prenatal care.

Dr. Mahan pointed out that prenatal care does not cost very much especially when compared with the costs of treating children's problems. He noted that all state studies that he has seen indicate large returns on investment. For example, he cited a Colorado study which reported saving \$11 for every \$1 spent on prenatal care and a Florida study which reported a \$4 savings for each \$1 spent. He felt, though, that the Florida study understated the savings.

Furthermore, he noted that an Institute of Medicine study in 1985 proved that prenatal care works if it is excellent care and works best for women of high risk. But he pointed out that most care now is of a crisis nature and therefore not individualized excellent care.

A system of individualized excellent care, as Dr. Mahan defined it, includes: (1) outreach to the at-risk population, (2) free pregnancy testing and immediate action to develop an individualized plan for the woman if she is pregnant, (3) provision of services in each of the first 10 weeks of pregnancy, (4) constant probing by service providers to discover if the woman may be at risk of a low-birth-weight baby or some other problem, and (5) provision of excellent child-birth education.

Finally, Dr. Mahan had several suggestions for action by politicians and administrators in state government as well as for advocacy organizations. First, he suggested the need for strong state coalitions to convince state legislators and the public that mothers and babies need help. Second, he noted that private sector charities such as the March of Dimes can be helpful in financing or participating in prenatal care projects. Third, he recommended that prenatal programs include encouragements for mothers to breastfeed and for fathers to be involved. Last, he commented that special programs for teenagers need to be developed which permit the teenager to see the same caregiver frequently, possibly in school-based clinics.

Fredia Wadley, M.D., a pediatrician and state health officer for the Tennessee Department of Health and Environment, described the purpose and nature of the state's Healthy Children's Initiative. She indicated that the ultimate goal of the project is to assure that five-year-olds start kindergarten as ready as possible so they can be as successful as possible. The specific objective of the project is to keep children healthy from birth through school age.

Dr. Wadley explained that the broad approach to the project included direct preventive services and a strategy for networking among public and private organizations involved in health care.

The direct preventive services are divided into three approaches. The primary approach is regular public health programs such as immunizations. Secondly, diagnostic and screening services such as prenatal and perinatal care are provided. The tertiary services, intended to help children reach their full potential, include such services as pre-first grade screening to assure that children are ready for school.

The networking strategy occurred through the operation of two state-level groups: The Healthy Children's Task Force, chaired by Mrs. Alexander, and a Medical Advisory Committee. The Task Force included state and local public officials who administer health programs and influential private citizens interested in the health of children. The Task Force increased public awareness of the project and designed its major features. The Medical Advisory Committee recruited physicians, particularly pediatricians, to volunteer their services and assisted in matching children with the physicians.

The major component of the preventive services was based on a "medical home" concept. Underlying the concept is the key feature of a "case manager," i.e., someone who cares about a child and helps them get the services they need. Once children are born and accepted into the project, public health nurses see the children frequently in their homes. These nurses assess the problems of the child and the family problems. Then they provide physical health services, counseling on parenting and nutrition, and information and referral services.

Other preventive services identified by Dr. Wadley included: prenatal care, perinatal regional centers, a statewide genetic program, infant-follow-up for high-risk infants, regular public health program services including immunizations, therapeutic nursing programs for abused children and their families, and a pre-first grade screening program to get children ready for school.

Another component of the project is the development of a "medical passport" for each child. The "medical passport" is a card provided to the parents of each child which includes the child's complete medical history, immunizations, lab tests, hospitalizations and important diagnoses. Public health clinics and private physicians provide these to parents of every child born in Tennessee.

Finally, Dr. Wadley mentioned that the biggest problem encountered in implementing the initiative was in determining which at-risk children would receive the extensive follow-up services of the case managers. She explained that the criteria developed for deciding which children would receive services were: (1) low birth weight of 3 pounds or less, (2) the receipt of neonatal intensive care, (3) the condition of the child when born, i.e., a low Apgar score, and (4) a family history of early hearing loss.

Sara Rosenbaum, Director of the Division of Health at the Children's Defense Fund, noted that the Medicaid program was the largest public health program for poor women and children. Under Medicaid, she noted that possibly the most innovative funding mechanism was the Early Periodic Screening Diagnostic and Treatment program (EPSDT).

EPSDT, Ms. Rosenbaum indicated, could be used to fund a wide range of preventive medical services. For example, it could fund private clinics to screen, diagnose and treat a whole range of medical problems. EPSDT also could fund special coordinative efforts between health, education and other agencies in a similar effort.

Ms. Rosenbaum also mentioned the Maternal and Child Health Block Grant as a financing mechanism for preventive and primary care. She noted that this

funding source can be used for a special crippled children's program as well as for special projects, training, research and seed money.

Finally, Ms. Rosenbaum cited national data to point out some of the problems that need to be addressed, in part, through medical care. She noted: (1) 13 million or 20% of children under 18 are in poverty, (2) 25% of children under 6 are in poverty, (3) 1 in 8 poor children have no health insurance, either public or private, (4) 1 in 5 poor persons have such insurance for only a portion of the year, (5) 1 in 3 very poor pregnant women have no health insurance, (6) Medicaid covered 65% of poor and near-poor families in 1975 but covered only 46% in 1985, (7) 1 in 10 poor kids age 0-2 will not see a doctor even once, (8) post-neonatal mortality for children 1 month to 1 year of age rose 10 percent nationwide from 1982-1984, (9) 80% of these post neonatal mortalities were children born at normal birth weight but who suffered from either unsanitary housing, poor nutrition, unsterilized bottles, bad water or lack of parent education, and (10) poor children suffer disproportionately from medical problems like disabilities, retardation, cerebral palsy and epilepsy.

Ann Turnbull, Ph.D., Acting Associate Director of the Bureau of Child Research at the University of Kansas, made the following points concerning disabled children:

- (1) when parents are empowered to be the primary provider and coordinator of their disabled child's health care, then the child's quality of life and health care is increased,
- (2) it is cost effective for parents to assume this role,
- (3) parents need financial support from Medicaid, other state supports and insurance,
- (4) the quality of life for families and communities is enhanced when people with and without disabilities are brought together through interaction, and

- (5) persons with disabilities, even children, can grow up to be an economic asset to a state rather than a drain on its resources.

To illustrate these points, Dr. Turnbull used national and state data as well as a description of her own family experience.

Dr. Turnbull adopted her retarded son Jay at age 3 and over the past 15 years he has been successfully integrated into her family, the public schools, the neighborhood, and more recently into a sheltered workshop that distributes plastic products. She explained that the owner of the plastics company was a neighbor who became close to her son and decided to contract with the sheltered workshop for the packaging of plastic products to be distributed. She pointed out that after the first contract, through which the company discovered that the handicapped workers could get the jobs done more quickly and accurately, the company closed a plant and contracted with the workshop for \$50 million over several years.

Regarding costs, Dr. Turnbull stated that: (1) redirecting government efforts to financially support families rather than institutions could have saved a significant amount of the \$13 billion governments spent on residential beds and care for children with disabilities from 1977-1984, (2) only 18% of all expenditures over that period for disabled children went to families and communities, and (3) the average cost of institutionalizing a child like her son Jay is \$50,000 per year and that it would have cost the government about \$3.5 million for Jay had he stayed institutionalized for the past 15 years that he lived with her.

Finally, Dr. Turnbull suggested that national and state legislation should be enacted to provide financial support for families rather than institutions. She cited 18 states that now have family subsidy programs that provide financial assistance to families like hers for the special equipment and services that help to slightly offset the cost of keeping Jay at home. She cited a Minnesota program, which does provide such financial assistance to families with disabled children, as having surveyed families who participate and as having received positive feedback.

Dr. Turnbull recommended that government work with private sector insurance companies to effect changes in their policies that would provide incentives for parents and family members to be the primary providers and advocates for their disabled children.

**"Prevention of Problems in Families with Young
Children/Community Partnerships"**

Mr. Don Crary, Executive Director of the Arkansas Advocates for Children and Families served as moderator for this panel.

Irving B. Harris, Chairman of the Executive Committee of the Pittway Corporation and President of the Ounce of Prevention Fund in Illinois, discussed his corporation in Illinois which, in cooperation with state government, is seeking to address the problems of young children, particularly poor children.

Mr. Harris' key point was that the answer to the cycle of poverty lies in education and that education must begin in the early days, weeks, and months of poor children's lives. He argued that a wealth of new research in child development shows that even beginning education at age 3 for the most deprived children is too late. This is because the first year of life is the time of greatest neurological growth and a very significant portion of a child's capacity for language is developed before the age of 3. Language is a major determinant for later success in school. He noted that these earliest years are critical in shaping and frequently determining an individual's lifelong mental, emotional and physical capabilities.

He argued that this nation could either have a policy of investing heavily in preparing deprived children to succeed in school and life, or continue to pay lip service to preschool education during the three to five year old age period and ignore the research on early learning. He noted that in America we invest over \$240 billion annually for the education of children 6 and older, but that not much more than \$1 billion is directed at preparing children for kindergarten.

Mr. Harris described two projects that the Pittway Corporation helped fund to address the problems of deprived children: Family Focus, which was privately financed, and the Ounce of Prevention Fund, which is a public/private financial partnership.

Family Focus began in 1976 in Evanston, Illinois with 250 families participating. Initially, Family Focus was a family support program working with families from the time children were born. Services were typically provided in the home for the first families involved in the program; these families were principally white and middle class. A drop-in center was opened in 1979 which attracted numerous black families. This center now includes an infant day care center primarily for teenage parents going to school. Funding for the project came from private foundations in addition to corporate support. The foundation grants ended after three years.

Created in 1980, the Ounce of Prevention Fund is a public/private venture. A \$400,000 grant from the Illinois Department of Children and Family Services was matched with a \$400,000 grant from the Pittway Corporation.

The Ounce of Prevention Project incorporates three different prevention strategies:

1. In the first 18 months, the program focused on preventing teenage mothers from having a second child and on keeping them in school.
2. The second stage was to attempt to prevent the first birth. To do this, Pittway entered into another public/private partnership with the Illinois Department of Public Welfare to finance medical clinics at two high schools in Chicago. This project is also being financed by the Robert Wood Johnson Foundation, the Commonwealth Fund, and the Joyce Foundation. Operating costs for each clinic run about \$250,000 a year. The clinics provide comprehensive medical care to the high school students including family planning services and prenatal and infant care. Eighty percent of the visits to the clinic are for medical reasons.
3. The third stage is a project at the Beethoven Elementary School on Chicago's south side which is focused on preventing developmental delays of children in the first 60 months. It will target all children born in the elementary school area and work with the

families and the children from birth. The subject group is the kindergarten class of 1992.

Mr. Harris reflected that neither Pittway nor the state would have agreed to the funding if it were not for the other's commitment. He stated that the director of the state agency said that he would have less difficulty convincing the state legislature to support the Ounce of Prevention Fund if Pittway expressed confidence in it, while Pittway believed it worthwhile primarily because of the leveraging of government funds over a period of several years.

Mr. Harris added that the Pittway officers also felt that the long-term success of the corporation depended upon the economic and social health of the communities in which Pittway operates its factories. The corporation felt that an early childhood development program, which was a model primary prevention program, could have national significance.

Mr. Harris ended his presentation with an illustration of his point that children who are far behind when they are 3 year olds are not likely to succeed in school and are likely to create difficulties for their classmates. The evidence for this assertion comes from his conversation with four kindergarten teachers from inner city Chicago schools. He asked them two questions: how many children in their classes were not ready for kindergarten and whether having two or three children not ready for kindergarten out of 30 children would have an affect on the learning of the other children. The teachers answered the first question, according to Mr. Harris, by citing that the lowest estimate was six and the highest fifteen. The four teachers answered the second question by saying that they know they are shortchanging all of the children in the class because such a large percentage of the children they are teaching are not really ready for school.

Barbara Blum, President of both the Manpower Demonstration Research Corporation and the American Public Welfare Association, briefly discussed the "Matter of Commitment" project of the National Council of State Human Service Administrators and what government, at all levels, should do to support poor families.

She explained that the "Matter of Commitment" project is a study of what government can do to help poor children. The study goals include: suggesting governmental policies which would help welfare recipients obtain employment, preventing teenage pregnancy, assisting teenage parents, looking at the range of health issues of poor, at-risk children, and trying to help children achieve stability when in need of foster care and adoption services.

Relative to what government should do to help poor children, Ms. Blum mentioned the following:

- Provide for, in the first 60 months, such basic needs of poor children as nourishment and shelter, prenatal and continuing health care, and child development services.
- Continue funding for programs which have a positive affect on children such as Medicaid, the Maternal and Child Health Block Grant, WIC, Housing and Head Start.
- Provide additional funding for investments needed to prevent the causes of poverty.
- Invest in parents and potential parents so as to educate them about how children develop and what children need, facts about the relationship between education and employment, family budgeting and basic health information including pre-and post-natal health care.
- Hold the education system more accountable for helping children enter the work force and encourage the system to join with communities to do this.
- Assure an adequate income for poor families so that children have their basic needs met for adequate child development.
- Supplement, either directly or through the tax system, low-wage families and families with no wage earner.

- Encourage the establishment of more day care centers.
- Invest in our children because the federal deficit problem will be worse in the future if we fail to do this just as it will be if we fail to invest in plants and equipment.

Ed Hinckley, Acting Director of the Bureau of Children with Special Needs in the Maine Department of Mental Health and Mental Retardation, described his state's demonstration model of a "preventive intervention" program. The major goal of state government in the project is to implement a statewide model for all 0-3 year olds regardless of "risk" level or handicap. Regarding "risk" level, he explained that they categorize children at risk as either having a biological handicap, an established handicap other than biological, e.g., an accident, or an environmental handicap, e.g., living with a poor family.

Mr. Hinckley explained that the essence of the model is to integrate the 0-3 program into the current operating system so that the program is standard routine. He noted that this project began three years ago at three hospitals in different locations in Maine with a grant from the National Clinical Infant Center in Washington, D.C., which is part of the National Institutes of Mental Health.

The model at these three hospitals was designed as a voluntary program for the parents of all newborns. After birth, a mother receives in-hospital screening to detect risk level and is offered a home visit to further explore risk factors. If risk is established, she is then referred to a "service team" meeting and if she agrees to participate, the team develops a service plan with her consent.

According to Mr. Hinckley, the current operating system, into which this new project was to be integrated, was still perfecting a mandate by the legislature from eight years ago to coordinate all programs for children 3-5 years of age. He further explained that this coordination effort required

extensive interdepartmental coordination among state and local agencies plus transdisciplinary training for professionals in these agencies.

This coordination effort was revised for the 0-3 project to include the following implementation strategy:

1. Interdepartmental cooperation was necessary between the mental health/mental retardation, human services and education departments, and within them, five sub-departments: maternal and child health, public health nursing, special education, social services and children with special needs.
2. At the sites, in addition to personnel from the five sub-departments, private physicians and hospital employees and the parents were an integral part of the strategy.
3. The personnel from the five sub-departments received the transdisciplinary training. The intent was to permit a specialist in one field which had a contact with a family to also provide as much of the services of other specialists as possible, so as to avoid duplication of effort. He provided two examples:
 - a. If a nurse had a relationship with a mother, why could she not also represent the protective services worker, or
 - b. A homemaker could represent the nurse's interest because she already had a link with the family.

Mr. Hinckley explained that the major impediments to weaving this coordination model into standard routine were language differences and the nature of bureaucracies to maintain rigid lines of organization. He noted that a glossary of terms had to be developed for each word. He said that a word like "assessment" meant different things to a nurse, a special educator, a child development specialist and a mental health person. He also noted that in addition to the transdisciplinary training, there needed to be constant, sometimes minute-by-minute attention to assure that the rigid organization

lines were abolished. He said this meant allowing workers in the five sub-departments, hospital personnel and physicians to share frustrations and knowledge about their clients with one another.

Julia Taylor, Immediate Past First Vice President of the Association of Junior Leagues, Inc., representing the Junior Leagues, explained that the 263 Junior Leagues spent close to \$10-\$12 million this year to demonstrate the effectiveness of volunteerism through communitywide and nationwide service projects and advocacy. She pointed out that many projects focus on preventing the problems of children and many of those projects are cooperative ventures with other volunteer organizations, private companies and the public sector.

Ms. Taylor described the nature of several nationwide and community projects to illustrate the diversity of efforts by the Junior Leagues to further prevention efforts individually and in cooperation with other organizations:

1. Adolescent Pregnancy Child Watch -- This is a cooperative effort with the Children's Defense Fund and the National Coalition of 100 Black Women. The project includes citizen monitoring and other action items.
2. Parent Seminars on Adolescent Sexuality -- These are accomplished in cooperation with the March of Dimes.
3. First Step -- This project is in Atlanta, Georgia and helps new families prevent child abuse and neglect through quality parenting.
4. Guardian Ad Litem Programs or Court Appointed Special Advocate Programs -- One of these programs, now statewide in Florida, began originally in Jacksonville and was a cooperative effort with the National Council of Jewish Women when it began 7 years ago. Due to its success in providing well-trained volunteers as special advocates the program is now funded by the state legislature.

5. Jacksonville Hospital Day Care Center -- In cooperation with a local bank and the hospital, the local Junior Leagues helped the hospital build and continue to operate a day care center for the approximate 450 children of patients who come each day.
6. Parenting Projects -- One such project in Billings, Montana, is a public/private cooperative effort between the federal government and several local private health, child care and education agencies. These agencies contributed \$20,000 and the federal government contributed \$62,000. The project developed a learning center for mothers and a child care agency for teenage mothers.

Finally, Ms. Taylor mentioned that the national association was involved in the Southern Governors' Association's Task Force on Infant Mortality and a project reviewing parental leave policies in the public and private sectors financed by Johnson and Johnson Baby Products.

Deborah Murphy, Director of Early Childhood Education for the Missouri Department of Education, described the genesis, operation and results of the New Parents as Teachers Program. The primary purpose of the program was to develop 3-year olds who could think, enjoy people and communicate.

Ms. Murphy explained that a 1981 conference of decision makers and movers and shakers in early childhood education in Missouri was the genesis of the project. The project was based upon a model by noted child development specialist, Dr. Burton White. With a grant from the Danforth Foundation as well as other funding sources including Chapter II money, the project began in four school districts in the state: 1 urban, 2 suburban and 1 rural.

Ms. Murphy explained that a statewide planning and oversight committee was an essential ingredient to the success of the project. The committee included businessmen, state senators and representatives, Head Start and PTA representatives, top state and local government officials, and other influential people in Missouri. She indicated it was a 40-person, hard-working team of caring people.

She explained the model project as consisting of parent educators going into the homes of participating new parents on a monthly basis to provide timely information on whatever phase of development the children were in. The parent educators also did referrals to the network of community services available.

The project was evaluated by an independent consultant. The evaluation design included a random sample of the treatment families and a comparison group. The evaluators did not know which families were in which group. The results, which were published in The New York Times on October 2, 1985, showed that children in the project:

- demonstrated significantly advanced intellectual and language development,
- performed in the 85th percentile on the Kaufman, a new intelligence test,
- performed in the 75th percentile in mental processing,
- demonstrated significantly more positive aspects of social development, and
- had parents who were more knowledgeable about child rearing.

One final point made by Ms. Murphy was that the reason that education was the focus of this project in early childhood development was twofold: people in Missouri trust schools as a place where their children may gain a higher quality of life and the department of education wanted to get involved.

PANEL DISCUSSIONS OF FEBRUARY 7, 1986

"Prevention of Children's Education Problems"

Panel moderator Dr. Lawrence Schweinhart, Director of the Voices for Children Project of the High/Scope Educational Research Foundation, spoke strongly in favor of public financial support for "good" preschool child development programs targeted on disadvantaged children. He stated that because poverty among children has doubled over the past ten years and because these children are heading into the school system, the problems that disadvantaged children have in school can only get worse. He explained the bottom-line benefits of these programs, the nature of "good" programs and optional financial and organizational mechanisms for states to use.

Citing evidence from three studies including the Perry preschool study, a longitudinal study of children over a 20-year period, he argued that "good" preschool programs could improve the chances of disadvantaged children finishing high school by reducing the delinquency rate and reducing the teenage pregnancy rate. He also argued that these programs increase employment rates and decrease welfare assistance rates.

Dr. Schweinhart argued that these results mean that good preschool programs increase chances for success at school by better preparing children for kindergarten and first grade. Success at school affects success in life.

He also pointed out that a half dozen studies including a study of a statewide project in New York found that good preschool programs can reduce the "special education placement rate."

His bottom line was that these programs are cost effective. The Perry study indicated that a good preschool program will save taxpayers \$6 for every \$1 invested.

Dr. Schweinhart said "good" preschool programs include:

1. an emphasis on fundamental skills like intellectual and social skills that can help children to cope and learn the basic skills in elementary schools,
2. a teacher/student ratio of 1 to 10 or less,
3. a focus on child-initiated learning, not teacher-directed learning, i.e., the teacher works with the kids on what the kids want to do, to the extent possible,
4. teachers who are specialists in early childhood education, and
5. parents who are involved, i.e., they share information with the teachers.

His final comment was that a quality program is not a readiness program; it is not a dropping of the kindergarten curriculum down a year to age 4.

Dr. Schweinhart described some state government programs which he viewed very positively:

1. California spends over \$300 million each year on early childhood, child care and child development programs which is more than the other states combined and he recommended that states review California's comprehensive system.
2. Illinois, Louisiana, Massachusetts, Michigan, South Carolina and Texas have new pre-kindergarten programs:

South Carolina set up a state-level planning committee and local interagency network for distribution of the funds.

Kentucky and Washington are looking at the South Carolina model, but Washington is using its department of community development as the lead agency.

3. Maryland, Alaska, Maine and Washington supplement federal programs:

- Maryland has a separate extended elementary education program.
- The other three states supplement Head Start. Maine's supplement increases the percentage of eligible children covered from 15% to 35%.

He suggested that state agencies could finance the training of early childhood specialists.

A final point Dr. Schweinhart stressed was that these programs are only cost effective with disadvantaged children who lack opportunities in their environment. That is, the costs of these programs for middle class children are higher than their benefits to taxpayers because the disadvantaged are more expensive to supply services to in later years. A study in Brookline, Massachusetts has provided evidence to support this assertion.

Martha Darling is Executive Director of the Washington Roundtable Education Study. The roundtable is an organization of the top 33 CEOs of the largest businesses in the state. Ms. Darling described the findings and recommendations of a study of the state education system. She noted that while the business leaders of the roundtable were clearly concerned that outcomes did not reflect the money invested, the real concern was that the children were losing out on education they needed. She also observed that the business leaders understand that the skills of the future labor force depend heavily on the efficacy of public education. For these reasons, they undertook the study.

One set of findings dealt with the sources of demand for early childhood services. Adults need these services when both parents enter the labor force either out of necessity or choice. Children need these services because of the need for interactive play with other children or the need for compensatory care, such as with disadvantaged children.

Ms. Darling posited that services to meet these demands could be titled either day care or preschool education. She stated that the two should be indistinguishable if they are good programs.

A major finding of the study was that the taxpayers' major interest in early childhood education derived from potential government budget savings vis a vis programs for the disadvantaged, i.e., the poor, the abused and the handicapped.

The top recommendation of the roundtable was that Washington provide a Head Start-like comprehensive program for every Head Start eligible child in the state. This would move the state from 15 percent of eligible children participating to 100 percent. The governor proposed a scaled down bill, due to budgetary constraints, to provide services to all eligible children aged 4, and there will probably be about \$3 million this year to begin phasing in the legislation.

She noted that this legislation will be implemented through the department of community development working with each local school district. The general feeling in the state was that the state education agency would have been too slow. She also noted that there will have to be a huge interagency effort to link social, health, and nutritional services to this education effort.

Ms. Darling believes that governors can bridge the gaps between agencies and take care of warring among professionals over turf and ideology. In particular, she thought that social services, health and education agencies needed to coordinate, and that within education, the elementary and early childhood professionals needed to coordinate.

She also commented that the roundtable believes there is a need to look beyond the first 60 months to a continuum of services for at-risk children as they enter the school system. She stated that there was a lot of evidence to suggest that the benefits of early childhood education and day care services are washed away by ages 9-12. She said that opponents of public financing for early childhood services use these studies as ammunition.

But she noted that the roundtable used this evidence to argue for reorganization of the early grades. The roundtable recommended that pilot programs for a K-3 primary block be established around the state. The rationale is that children in these years progress at their own level. The roundtable found that the ability to learn the basic 3-Rs is not correlated with age or intellectual ability and that rigid grades rather than a flexible block of grades is an impediment to learning and is inconsistent with natural child development.

According to Ms. Darling, it is the roundtable's opinion that a K-3 block concept will do a lot to foster child development and is the most effective dropout prevention technique. But Ms. Darling also noted that a significant investment must be made in teacher training to make the K-3 block concept work.

Her final point was that employers can assist families with their early childhood problems by helping their employees. She noted that employers could provide flexible working hours, maternity leave and sick children leave and could finance day care or preschool services by buying slots in neighborhood facilities, providing vouchers or providing on-site day care centers. Believers in these employer services claim the benefits are reduced absenteeism, reduced tardiness and increased productivity.

Nancy Curry, Ph.D., Program Director of Child Development and Child Care at the University of Pittsburgh argued that programs for 3-year olds which attempt to ameliorate the effects of detrimental early experiences of children may be both too little and too late. She stated that it is clear that families and children need services as early as possible to prevent developmental delays. The remainder of her presentation included a description of the essential components of effective care for children ages 0-4 by care givers other than parents and a description of the key elements of training for care givers.

The components of effective care were defined as follows:

1. If the caregiver provides only part-time care in the parent's home, the caregiver should provide support for the parent's own mothering.

If the care is group care, parents and caregivers must communicate to assure consistency between the home and caregiving setting.

2. Infants and their caretakers must develop mutual trust.
3. Caregivers should provide love so the child can develop a sense of self.
4. Good caregivers facilitate language development by mirroring the child's language productions, providing labels for objects, feelings, and events, reflecting on the child's activities, and providing alternatives to forbidden activities.
5. Caregivers should provide for quiet periods and protect against external overstimulation like too much noise and protect against internal overstimulation like too much crying.
6. Caregivers need to facilitate learning by providing an atmosphere in which self-directed learning is expected and encouraged.

Dr. Curry said that it is important to understand that children ages 0-4 should be permitted to determine the curriculum so they can have control over their environments, exert mastery and initiative, and glean the pleasures of being a doer.

Dr. Curry also noted that preparation for work with infants and toddlers should be highly specialized with the recognition of the importance of positive adult-child interactions during this age period. Elements of training caregivers should include:

1. knowledge of child development including how infants and toddlers grow and develop, both individually and as a group,
2. knowledge of the child's home life and other environmental factors,

3. practical experiences with very small children,
4. interpersonal skills so that caregivers can work with parents and other staff in group care, and
5. continuing education to help alleviate burn out.

Sharon Lynn Kagan, Ed.D., Associate Director of the Bush Center in Child Development and Social Policy and Assistant Professor of the Child Study Center of Yale University, presented the findings and rationale for those findings of a recent study by the Connecticut State Commission on Four-Year-Olds, Their Families and the Public Schools. The major issues addressed by the commission were the proper role of the schools in providing care for 4-year olds, the quality of care needed regardless of service method and the equity of service provision among all 4-year olds.

The recommendations currently under consideration by state policy makers include:

1. Instead of implementing universal services by the public schools for each 4-year old in the state, the state department of education should--
 - facilitate an interagency planning and data collection process to assist in legislative work,
 - take the lead in building upon the current system of child care and preschool services by providing training and technical assistance for all providers, and
 - make information available to parents about what constitutes quality in preschool services.

One of the major reasons for this recommendation, cited by Dr. Kagan, was that universal services by the public schools would undermine providers and reduce the choices of parents. In addition,

it did not seem feasible financially because the state could not afford the salaries of teachers given the teacher/child ratios required for good preschool education. Given the diversity in the current service delivery mechanisms for preschoolers, the recommendations for state government action were intended to make it work better.

2. The state executive branch should establish programs to support home to school linkages and request funding from the legislature for such a program.

The rationale was that continuity between home, family and the care setting was considered a strong factor in quality preschool programs.

3. The state should become a model employer ensuring support of employees and their families through policies such as flextime and child care vouchers.

This recommendation was an outgrowth of the concerns just expressed regarding the continuity of family life for children and parents. While this recommendation does not directly affect the children, Dr. Kagan noted that it was germane to their study in recognition of the fact that young children are affected by what happens to the family.

4. The state should fund eight early childhood demonstrations in school districts where various approaches to redressing imbalances, between richer and poorer areas and rural and urban areas, could be developed on a pilot basis with the goal of statewide replication.

According to Dr. Kagan, this recommendation arose because the study uncovered huge inequities in existing services. The study did not find, however, that creating equitable services necessarily meant creating identical services. For example, poor and handicapped children may need more intensive services whereas other children could be served through extensive information and referral services.

"Implementation/Taking Action"

Michael Petit, Commissioner of Human Services in Maine, and moderator of this panel, discussed the prevention initiative in his state including how it was designed, sold and implemented.

Mr. Petit made the argument for a prevention strategy by pointing out that the scientific evidence is now abundantly clear that such a strategy is cost effective and also less intrusive than the set of treatment programs currently operating for children already suffering from a disadvantaged childhood. He believes that because a prevention strategy is less intrusive it can bring together conservatives and liberals.

While he noted that any state prevention strategy had to be multidisciplinary and include an investment of money, he argued that it is a governor's personal commitment to making early childhood issues a top state agenda item that is essential for their success. Once a governor is committed to prevention, he or she can--

- create a receptive political climate
- direct the state bureaucracy
- use speeches to advance the agenda
- shape the budget to address the agenda
- command press attention
- marshal forces to educate the public
- forge the needed political coalitions

Mr. Petit stated that Governor Brennan of Maine did all of the above around a children's agenda. He cited two examples of gubernatorial impact on a prevention strategy.

The first example was an effort which began in 1981 in response to a number of children dying at the hands of their relatives. Prompted by four homicides of poor children in a short period of time, the Governor asked that a study be done on death rates of poor children compared to those of non-poor

children. When the results indicated that poor children were 310 percent more likely to die than the non-poor from disease as well as homicides, the human services department convened a conference attended by 400 people, 1/3 of whom became part of a group charged with developing recommended solutions. After the group finished its study, another conference was held which adopted the recommendations. The governor introduced a legislative package calling for \$5 million in new spending for early intervention programs which subsequently was authorized by the legislature.

Mr. Petit said that the conferences and the study group resulting from the first conference were essential in building public support and support among private organizations. The governor made supportive speeches at each conference. The report, the two conferences and the governor's interest brought media attention to the issues and sustained the public's interest.

A second example concerned the state's juvenile justice system. Again prompted by the homicide of a child, the governor directed a full investigation by the human services department. As a result of that investigation, the governor appointed a working group to review civil and criminal processes for children in the state. The group consisted of three judges, state legislators, the commissioner of the state police, district attorneys, the Maine Trial Lawyers' Association and others. The governor released the report at a press conference and held public hearings on the report's recommendations around the state. The result was a multi-million dollar legislative package sponsored by the governor in the form of an omnibus bill overhauling the legal system for children. The package passed the legislature easily.

Mr. Petit noted that Maine has these services relating to children:

- preschool education services for all children
- free prenatal services for all low-income women, which reach more than 90% of the pregnant population in their first trimester

- AFDC benefits which have increased 48% in the last five years
- a statewide advertising campaign to:
 - promote the use of prenatal services
 - ask all parents and other interested caregivers to sign up for parenting instruction
- a new parenting project to provide instruction in each community of the state
- a volunteer program, for all AFDC mothers whose children are not in protective services and are teenagers or younger, which together with the department of human services works to:
 - avoid second pregnancies
 - avoid living arrangements where there is spousal abuse
 - ensure that these mothers become good parents so that custody of their children can continue
 - ensure that these mothers learn a marketable skill
 - ensure that these mothers live in standard housing
- child abuse councils statewide which have become constituencies for children across the state

Mr. Petit mentioned three other components of the state's prevention strategy. First, the media is used to get the "prevention is good" message out to the public often. This is accomplished by talking to editors, never letting a bad editorial go unanswered, and trying to answer all questions by reporters. Second, state agencies have created a budget for producing

professionally completed and designed reports. He contended that reports on the status of children will be read more often and more thoroughly if they look as nice as corporate year-end reports. Third, state agencies contract out most resources to non-profit organizations which provide services more cheaply. Mr. Petit contended that this creates political infrastructures which serve as advocates for children across the state.

Pat Harrison, Vice President of the E. Bruce Harrison Company, described the elements of a successful public relations campaign for a statewide early childhood initiative. Those elements are:

- Be sure the initiative addresses a real set of definable problems.
- Be sure the initiative can be put into terms that any citizen can understand.
- Be sure to point out to citizens their stake in the initiative:
 - - target people who have a stake in the initiative
 - assure there is no preconceived notion about how citizens or businesses can participate
 - identify the benefits that people get out of it, i.e., appeal to their self interest especially by pointing out benefits impacting the mind and heart
 - identify the benefits to the private sector, e.g., benefits of a child care policy which helps employees become more productive
 - emphasize parent's involvement in the entire initiative
 - approach corporate women and women business owners who have money and influence to help -- this group is deeply interested in children because they are familiar with the child care

problems of working women and special difficulties of poor working women

- appeal to homemakers who may some day want to be in the labor market
- Address the primary fear of government intervention in an early childhood initiative by describing clearly:
 - the program design
 - the intended beneficiaries
 - how it will be carried out
 - what the goals are
 - why the goals are important
 - In addition, citizens must know that the government intends the initiative to be a partnership with the:
 - community
 - volunteer groups
 - the aged
 - students
 - the private sector
 - the family
- Use the media as a positive tool for reinforcement; the media can expand opportunities for reaching out to those who need to know about the program.

Joyce Campbell, Senior Vice President of Channel 26-WETA of the Public Broadcasting Service (PBS) in Washington, D.C., described the role that public television could play in a statewide early childhood initiative. She particularly focused on the role of public television stations or state PBS networks as agents for change through outreach to the community.

She explained that the first nationwide PBS outreach effort through the network was two years ago. It was coordinated with the broadcast of a show entitled "Chemical People" which concerned teenage drug and alcohol abuse. There were 11,000 local task forces created forming the core of this outreach effort. These task forces were designed to bring together concerned citizens to watch the program and then develop a community strategy to implement solutions.

According to Ms. Campbell, there are still 8,000 of these task forces functioning and these groups are ready to accommodate new issues. In fact, there is a second program on teenage problems that will be broadcast in the fall of 1986. The issues will include suicide, pregnancy and dropping out of school.

Ms. Campbell made a pitch for states to use public television to assist in their initiatives and indicated that governments could use the current set of task forces for any local or state purposes. She suggested that government officials should call station and program managers and try to shape public programming and outreach efforts to focus attention on a specific set of issues. One option for programming is documentaries on parenting.

She also mentioned a new project of public television and ABC television affiliates to be aired in the fall on adult illiteracy. She said that there is a massive community organizing campaign by local public television stations and their ABC counterparts to develop task forces to watch the programs when aired and to identify locations staffed by volunteers for reading and writing instruction following the program and outreach campaign.

She stressed that these types of efforts can be effectively run in any region, state or locality. To facilitate more initiatives, the national PBS network is setting up four regional outreach operations: Washington, D.C. for the northeast, Nebraska and Kentucky for the midwest and south, respectively, and Seattle, Washington, for the west.

The Honorable Sue Tucker, Vice-Chair of the Education Committee of the Massachusetts's House of Representatives, explained how to approach state legislators for their support of children's initiatives. She explained that political realities required an approach to state legislators from four directions:

1. Public pressure. She suggested that the initiative should have the support of all local groups such as early childhood service providers, school committees, leagues of women voters, Kiwanis clubs, junior leagues, business groups, school boards, physicians, and the media.
2. Fiscal issues. She said that the climate for government budgets is now one of apportioning losses from budget cuts which makes it especially important to present good cost-benefit analyses. She noted, however, that advocates should be honest and state that early childhood initiatives cost money but that fiscal benefits are down the road.
3. Who is for it and who is against it. She pointed out that a strategy must be built so that both early childhood advocates and other interest groups can win. For example, advocates must assure that day care operators are in agreement with local education agencies on a set of early childhood policies.
4. Crisis management. She suggested that the case must be made that early childhood intervention is needed now.

Finally, Ms. Tucker encouraged advocates of early childhood initiatives to make early childhood issues a part of every debate on the poverty cycle, education policy and fiscal realignment.